

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/725,188	
	Filing Date	12/1/2003	
	First Named Inventor	Yoke Min Sin	
	Art Unit	1645	
	Examiner Name	Vanessa L. Ford	
Total Number of Pages in This Submission	33	Attorney Docket Number	2500-000017

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Paul A. Keller	Reg. No. 29,752
Signature			
Date	March 17, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Paul A. Keller	Express Mail Label No.	EV 570 162 715 US (3/17/2005)
Signature		Date	March 17, 2005

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EV 570 162 715 US



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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/725,188
Filing Date: December 1, 2003
Applicant: Sin et al.
Group Art Unit: 1645
Examiner: Vanessa L. Ford
Title: ORAL VACCINE, METHOD FOR ITS
PREPARATION AND USE THEREOF
Attorney Docket: 2500-000017

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed December 17, 2004, please amend the application as follows and consider the remarks set forth below. Applicants respectfully request reconsideration of the pending objections and rejections and request allowance of the present Application.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims begin on page 6 of this paper.

Remarks begin on page 17 of this paper.